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PATENT APPLICATION FEE DETERMINATION RECORD <small>Substitute for Form PTO-875</small>					<small>Application or Docket Number</small> 09/780177															
CLAIMS AS FILED - PART I																				
<small>(Column 1)</small>		<small>(Column 2)</small>			<small>(Column 3)</small>															
FOR	NUMBER FILED	NUMBER EXTRA																		
BASIC FEE <small>(37 CFR 1.18(a))</small>																				
TOTAL CLAIMS <small>(37 CFR 1.18(c))</small>	minus 20 =																			
INDEPENDENT CLAIMS <small>(37 CFR 1.18(b))</small>	minus 3 =																			
MULTIPLE DEPENDENT CLAIM PRESENT <small>(37 CFR 1.16(d))</small>																				
* If the difference in column 1 is less than zero, enter "0" in column 2.																				
CLAIMS AS AMENDED - PART II																				
AMENDMENT A	<small>(Column 1)</small>		<small>(Column 2)</small>		<small>(Column 3)</small>															
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA																
	Total <small>(37 CFR 1.18(c))</small>	4	Minus	20	=															
	Independent <small>(37 CFR 1.18(b))</small>	1	Minus	3	=															
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <small>(37 CFR 1.16(d))</small>																			
AMENDMENT B	<small>(Column 1)</small>		<small>(Column 2)</small>		<small>(Column 3)</small>															
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA																
	Total <small>(37 CFR 1.18(c))</small>	[Signature]	Minus	[Signature]	=															
	Independent <small>(37 CFR 1.18(b))</small>	[Signature]	Minus	[Signature]	=															
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <small>(37 CFR 1.16(d))</small>																			
AMENDMENT C	<small>(Column 1)</small>		<small>(Column 2)</small>		<small>(Column 3)</small>															
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA																
	Total <small>(37 CFR 1.18(c))</small>	[Signature]	Minus	[Signature]	=															
	Independent <small>(37 CFR 1.18(b))</small>	[Signature]	Minus	[Signature]	=															
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <small>(37 CFR 1.16(d))</small>																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">SMALL ENTITY</th> <th style="width: 50%; text-align: center;">OTHER THAN SMALL ENTITY</th> </tr> <tr> <td style="text-align: center;">RATE</td> <td style="text-align: center;">RATE</td> </tr> <tr> <td style="text-align: center;">FEE</td> <td style="text-align: center;">FEE</td> </tr> <tr> <td style="text-align: center;">X \$ _____ =</td> <td style="text-align: center;">X \$ _____ =</td> </tr> <tr> <td style="text-align: center;">X \$ _____ =</td> <td style="text-align: center;">X \$ _____ =</td> </tr> <tr> <td style="text-align: center;">+ \$ _____ =</td> <td style="text-align: center;">+ \$ _____ =</td> </tr> <tr> <td style="text-align: center;">TOTAL</td> <td style="text-align: center;">TOTAL</td> </tr> </table>				SMALL ENTITY	OTHER THAN SMALL ENTITY	RATE	RATE	FEE	FEE	X \$ _____ =	X \$ _____ =	X \$ _____ =	X \$ _____ =	+ \$ _____ =	+ \$ _____ =	TOTAL	TOTAL	OR		
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* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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